



STATE TREASURER'S EMPLOY ILLINOIS: BUSINESS LOAN PROGRAM FOR CHILD CARE PROVIDERS APPLICATION

APPLICATION FOR PARTICIPATION IN THE EMPLOY ILLINOIS: BUSINESS LOAN PROGRAM FOR CHILD CARE PROVIDERS

This form is to be completed by an existing child care provider, or potential provider, seeking to borrow funds from a financial institution for a project that is eligible for support under the Employ Illinois: Business Loan Program for Child Care Providers sponsored by the Office of the Illinois State Treasurer Alexi Giannoulias. This form should be completed with the assistance of the financial institution that will be the lender. The information on this form will allow the Treasurer's Office to determine eligibility for participation in the program.

PLEASE TYPE ALL REQUESTED INFORMATION

Section 1

APPLICANT/FINANCIAL INSTITUTION INFORMATION

<input type="checkbox"/> New facility	CHECK ONE	<input type="checkbox"/> Facility expansion
---------------------------------------	------------------	---

1.1 Describe the Use of Funds: _____

1.2 Applicant Information: _____

Applicant Name: _____
Address: _____
City, County, State, Zip: _____
Tax I.D. Number: _____
Phone Number: _____ Fax Number: _____
Contact Person: _____ Title: _____

1.3 Financial Institution: _____

Institution Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Contact Person: _____ Title: _____

Section 2

PROJECT/LOAN INFORMATION

Please type the following information on separate sheets, as needed, in the following format. Use the section numbers provided.

2.1 Project Information:

- 2.1.1 Provide a detailed description of the business and the purpose of the project.
- 2.1.2 Location of the child care facility (Street, City, County and Zip Code).
- 2.1.3 A description of the benefit to the community.
- 2.1.4 A detailed description of the proposed use of the funds requested.
- 2.1.5 An explanation of the need for funding through the Employ Illinois: Business Loan Program for Child Care Providers.
- 2.1.6 The negative implications if this child care facility is not opened or expanded.
- 2.1.7 How many child care slots will be created.
- 2.1.8 Borrower must provide a brief explanation why conventional loan financing is not adequate and why the Treasurer's linked deposit is the necessary incentive for the project to be implemented.

2.2 Financial Information:

Term of deposit: (2 year maximum initial deposit with a possible 3-year renewal)	_____
Amount of deposit requested: (deposit amount can not exceed loan value)	\$ _____
Additional funding sources and amounts: List if applicable (i.e. grants, loans, etc.)	
<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
Total cost of project: (Including this loan request and additional funding sources)	\$ _____

2.3 Funding Information:

2.3.1 Property Acquisition: (Attach a fully executed sales contract)	\$ _____
2.3.2 Construction/Leasehold Improvements: (Attach contractor's cost estimates)	\$ _____
2.3.3 Equipment: (Attach price quotes from vendor(s))	\$ _____
2.3.4 Working capital: Attach an itemized list of working capital needs)	\$ _____
Total:	\$ _____

Section 3

LICENSING/ENROLLMENT INFORMATION

NOTE: If this application is for a **NEW FACILITY**, complete part 3.1.

If this application is for an **FACILITY EXPANSION**, complete part 3.2.

3.1 Child Care NEW FACILITY:

- Does the applicant have a DCFS license application pending for the opening? Yes _____ No _____
- What is the approximate anticipated capacity of the applicant's facility? _____
- How many staff members (including yourself) do you expect to hire? _____
- Attach a copy of application for DCFS license.

3.2 Child Care EXPANSION:

- What is the current capacity of the applicant's facility? _____
- How many additional child care slots will be created as a result of the expansion? _____
- Does the applicant hold a valid DCFS license? Yes _____ No _____
- What is the license number? _____
- Does the applicant have a DCFS license application pending for the expansion? Yes _____ No _____
- How many additional staff members will you hire as a result of the expansion? _____
- Has the applicant's license ever been surrendered, revoked or subject to DCFS discipline? Yes _____ No _____
(If yes, please attach a typed explanation)
- Please attach a copy of your current license and a copy of application for expanded license.

Section 4

CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies as follows:

- The State Treasurer's Office may withdraw the deposit and the financial institution may accelerate repayment of the loan if the borrower fails to satisfy all of the requirements of the Employ Illinois: Business Loan Program for Child Care Providers.
- Neither the applicant nor an immediate family member of the borrower is a director, officer or employee of the participating financial institution or the State Treasurer's Office.
- The applicant understands that all information and documentation regarding the State Treasurer's Employ Illinois: Business Loan Program for Child Care Providers is public information. The State Treasurer's Office may release any information provided to it by the applicant and may also release any information regarding the approval or rejection of the application.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant will satisfy all of the Treasurer's Employ Illinois: Business Loan Program for Child Care Providers requirements and will comply with all DCFS' standards.
- The applicant will notify the Treasurer's Office, in writing, within 7 business days from the date that the status of my (our) DCFS license changes.
- The applicant has read the DCFS' licensing standards and determined that the proposed project is in compliance with those standards.
- The applicant will allow signage - provided by the Treasurer's Office - to be displayed at the project site listing contact information regarding this program.
- Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes. Borrower also agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I (we) certify, to the best of my (our) knowledge, that the foregoing statements and the information I (we) have provided are true and complete. I (we) shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I (we) understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit and the financial institution accelerating the repayment of the loan without penalty and both entities seeking any other available relief. I (we) also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seq.).

Signature: _____ Title: _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

Please return this completed application and written Project/Loan Information (from Section 2) and licensing/enrollment information (from Section 3) to:

Alexi Giannoulis
Illinois State Treasurer
Employ Illinois: Business Loan Program for Child Care Providers
100 West Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (312) 814-8953
Fax : (312) 814-3716

www.treasurer.il.gov